**FHIR Timing and Roll Out**

The importance of having standards developed for when they are needed exists in a tension with both the long time it takes for broad industry adoption and the inflated expectations for new technologies. This tension certainly exists for FHIR standards, but the possibilities for this promising approach should not undermine what interoperability gains have been made with the CCD and the C-CDA. While many of the determinations of standards adoption and roll-out are driven by incentives, business drivers, and policies from outside of standards development organizations, your input on some of the related issues can help guide the trajectory moving forward.

**Requirements**

* In an interorganizational activity like electronic Case Reporting, the coordination of the multiple participants can be very challenging. The multiorganizational nature of electronic Case Reporting, the heterogenous nature of different clinical care organizations and Public Health Agencies, and the number of possible intermediaries, makes standards in this domain even more complicated.
* Even before the HITECH funding and Meaningful Use, many Public Health Agencies have struggled to match the technology investments of clinical care organizations.
* A common services platform and Health Information Exchanges can, at times, play a mapping and translation role in standards advancement, but these solutions will not work for everyone.
* Some standards, like the FHIR Subscription service elsewhere in this IG, do not require FHIR servers or adoption on both sides of the transaction and may have an easier path to adoption.
* Consideration should be given to when new standards are ready for implementation and have broad industry availability, but also for a process for sunsetting old standards and what overlap should exist between two approaches.

**Questions**

* In what timeframe will there be broad enough clinical care adoption of FHIR to consider it as a viable option for electronic Case Reporting data from EHRs?
* In what timeframe will some Public Health Agencies begin to use FHIR standards. How long will it be until all Public Health Agencies can use FHIR?
* How would you sequence the different parts of the FHIR electronic Case Reporting standards suite for advancement and why? (e.g. Trigger codes / decision support, the Reportability Response and then the eICR…)
* When do you think that C-CDA based standards will no longer be the primary way to share clinical EHR data?